

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P03000064213**

1. Entity Name

JK SUNDOWN MANAGER, INC.



Principal Place of Business

7900 MIAMI LAKES DR. WEST  
MIAMI LAKES, FL 33016-5897

Mailing Address

7900 MIAMI LAKES DR. WEST  
MIAMI LAKES, FL 33016-5897



04202006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0068596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, CHRISTY  
7900 MIAMI LAKES DR. WEST  
MIAMI LAKES, FL 33016-5897

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CD  
KISLAK, JAY I  
7900 MIAMI LAKES DR. WEST  
MIAMI LAKES, FL 330165897

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPT  
BARTELMO, THOMAS  
7900 MIAMI LAKES DR. WEST  
MIAMI LAKES, FL 330165897

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
BRAUN, STEPHEN  
7900 MIAMI LAKES DR. WEST  
MIAMI LAKES, FL 330165897

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPS  
RODRIGUEZ, CHRISTY  
7900 MIAMI LAKES DR. WEST  
MIAMI LAKES, FL 330165897

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
LUBOW, CHERYL  
7900 MIAMI LAKES DR. WEST  
MIAMI LAKES, FL 330165897

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000546125  
05/11/06-80103-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christy Rodriguez, Vice President

4/24/2006 305-3644101